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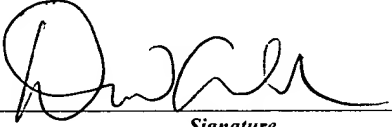
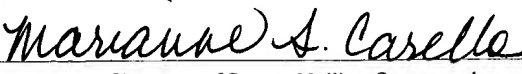
CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)			Docket No. 14XZ00092 (GEM-0086)
Applicant(s): SUNDERMANN et al.			
Serial No. 09/879,488	Filing Date June 12, 2001	Examiner MCCALL, Eric Scott	Group Art Unit 2855
Invention: COLLIMATION DEVICE, RADIOLOGY APPARATUS, TEST KIT AND METHOD OF TESTING A RADIOLOGY APPARATUS			

I hereby certify that this Reply Under 37 CFR § 1.116 (8 pages), Replacement Drawings (2 sheets), Annotated Drawings Showing Changes Made (2 sheets), Amendment Transmittal (1 page), IDS Under 37 CFR 1.97(d) Transmittal (1 page), IDS Under 37 CFR 1.97(e) Transmittal (1 page), PTO Form 1449 (1 page), Copies of References (7), Return Postcard is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 18, 2004.

Marianne S. Carello

(Typed of Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 14XZ00092 (GEM-0086)		
Applicant(s): SUNDERMANN et al.					
Serial No. 09/879,488	Filing Date June 12, 2001	Examiner MCCALL, Eric Scott	Group Art Unit 2855		
Invention: COLLIMATION DEVICE, RADIOLOGY APPARATUS, TEST KIT AND METHOD OF TESTING A RADIOLOGY APPARATUS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	50 -	52 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-0845 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: February 18, 2004		
David Arnold Registration No. 48,894 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2929 (860) 286-0115 fax Customer No. 23413			I certify that this document and fee is being deposited on 2/18/04 with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. <div style="text-align: center;">  <i>Signature of Person Mailing Correspondence</i> Marianne S. Carello <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>		
CC:					